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CIPR  
MAR 01 2004  
PATENT & TRADEMARK OFFICE

## DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)

Declaration Submitted With Initial Filing

OR

Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number	8636-P
First Named Inventor	Patsco, Joseph M.
COMPLETE IF KNOWN	
Application Number	
Filing Date	
Art Unit	
Examiner Name	

I hereby declare that:

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

OPERATOR PROTECTIVE GUARD

*(Title of the Invention)*

the specification of which

is attached hereto

**OR**

was filed on (MM/DD/YYYY)   as United States Application Number or PCT International

Application Number   and was amended on (MM/DD/YYYY)   (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? Yes	Certified Copy Attached? No
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

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If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

**DECLARATION — Utility or Design Patent Application**

Direct all correspondence to:  Customer Number: 021494      OR     Correspondence address below

Name

Address

City

State

ZIP

Country

Telephone

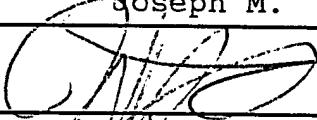
Fax

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

**NAME OF SOLE OR FIRST INVENTOR:**

A petition has been filed for this unsigned inventor

Given Name  
(first and middle [if any])

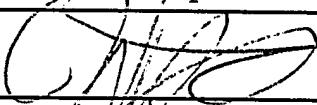


Joseph M.

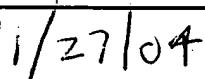
Family Name  
or Surname

Patsco

Inventor's  
Signature



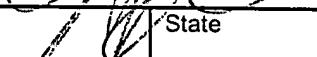
Date



1/27/04

Residence: City

State



Little Silver

New Jersey

Country

USA

Citizenship

USA

Mailing Address

33 Rumson Road

City

State

Little Silver

New Jersey

ZIP

07739

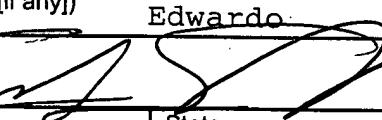
Country

USA

**NAME OF SECOND INVENTOR:**

A petition has been filed for this unsigned inventor

Given Name  
(first and middle [if any])

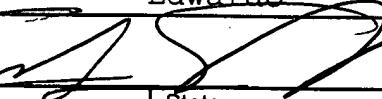


Edwardo

Family Name  
or Surname

Santiago

Inventor's  
Signature



Date



2/11/04

Residence: City

State



Levittown

PA

Country

USA

Citizenship

USA

Mailing Address

30 Easter Lane

City

State

Levittown

PA

ZIP

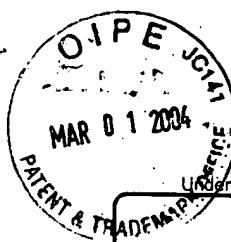
19054

Country

USA

Additional inventors or a legal representative are being named on the 1 supplemental sheet(s) PTO/SB/02A or 02LR attached hereto.

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## DECLARATION

ADDITIONAL INVENTOR(S)  
Supplemental SheetPage 3 of 3

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle (if any))		Family Name or Surname		
Gerald Robert		Tacinelli		
Inventor's Signature	<i>Gerald Robert</i>		<i>Tacinelli</i>	
Residence: City Stanhope	State NJ	Country USA	Citizenship USA	
Mailing Address 1 Young Drive				
Mailing Address				
City Stanhope		State NJ	Zip 07874	Country USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle (if any))		Family Name or Surname		
JOSE		Aracena		
Inventor's Signature	<i>JOSE ARACENA</i>		Date <u>2/11/04</u>	
Residence: City Robbinsville	State NJ	Country USA	Citizenship USA	
Mailing Address 4 Chambers Court				
Mailing Address				
City Robbinsville		State NJ	Zip 08691	Country USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle (if any))		Family Name or Surname		
<del>JOSE</del> WILLIAM J		Carothers		
Inventor's Signature	<i>WILLIAM J CAROTHERS</i>		Date	
Residence: City Melville	State NY	Country USA	Citizenship USA	
Mailing Address 2307 Court North Drive				
Mailing Address				
City Melville		State NY	Zip 11747	Country USA

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M A R 0 1 2004  
P A T E N T & T R A D E M A R K  
U N I T

## POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM

Application Number	10/680,333
Filing Date	10/07/2003
First Named Inventor	Joseph M. Patsco
Title	MACHINE OPERATOR PROTECTIVE GUARD
Art Unit	3652
Examiner Name	
Attorney Docket Number	8636-P

I hereby appoint:

 Practitioners associated with the Customer Number:

021494

OR

 Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

 The address associated with the above-mentioned Customer Number:

OR

 The address associated with Customer Number:

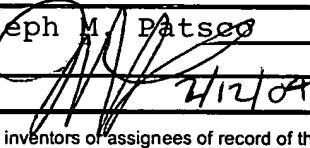

OR

 Firm or Individual Name Address Address City State Zip Country Telephone Fax

I am the:

 Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

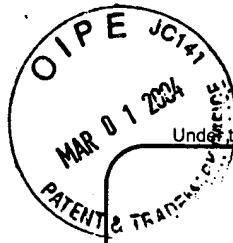
**SIGNATURE of Applicant or Assignee of Record**Name Joseph M. PatscoSignature Date 2/12/04Telephone  

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

 \*Total of \_\_\_\_\_ forms are submitted.

This collection of information is required by 37 CFR 1.31 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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<input type="checkbox"/>	Address		
<input type="checkbox"/>	Address		
<input type="checkbox"/>	City	State	Zip
<input type="checkbox"/>	Country		
<input type="checkbox"/>	Telephone	Fax	

Firm or Individual Name

Address

Address

City

State

Zip

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Telephone

Fax

I am the:

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*Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)*

**SIGNATURE of Applicant or Assignee of Record**

Name

Edwardo Santiago

Signature

Date

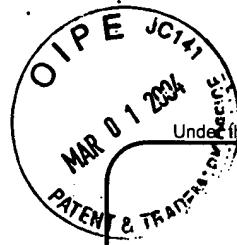
2/11/04

Telephone

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OR

Firm or Individual Name

Address

Address

City

State

Zip

Country

Telephone

Fax

I am the:

Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.  
*Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)*

### SIGNATURE of Applicant or Assignee of Record

Name Gerald Robert Tacinelli  
Signature Gerald Robert Tacinelli  
Date 2/11/04

Telephone

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

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OR

<input type="checkbox"/>	Firm or Individual Name		
<input type="checkbox"/>	Address		
<input type="checkbox"/>	Address		
<input type="checkbox"/>	City	State	Zip
<input type="checkbox"/>	Country		
<input type="checkbox"/>	Telephone	Fax	

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*Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)***SIGNATURE of Applicant or Assignee of Record**

Name	Jose Aragena		
Signature	<i>Jose N. Aragena</i>		
Date	2/11/04	Telephone	

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

<input type="checkbox"/> *Total of _____ forms are submitted.
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Art Unit	3652
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Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

**SIGNATURE of Applicant or Assignee of Record**

Name W. Jay Carothers

Signature W. Jay Carothers

Date

Telephone

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

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